

Signature

(must be parent or guardian if under 18)

3103 Paper Mill Road • Wyomissing, PA, 19610 P 610-376-2100 • F 610-376-4131 • www.bodyzonesports.com

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## **2019 SUMMER ADVENTURE CAMP REGISTRATION & MEDICAL FORM**

CHECK	THE WEEKS	YOUR CHILD WILL BE		LONG WITH O		NDED CARE, I	LUNCH AND/OR EXTENDED CARE	FIELD TRIPS	
CAMP W	EEK	THEME	\$195   AGES 5-13	\$170   AGES 5-13	\$125   AGES 5-13	\$35/WK	\$50/WK	DUE	
Week 1	June 10-14	Kick Off to Summer							
Week 2	June 17-21	Arts and Entertainment							
Week 3	June 24-28	Mystery Week Take 40%							
Week 4	July 1-3	THE O WEEK Off Week 4							
Week 5	July 8-12	Wacky Water Week I							
Week 6	July 15-19	Sports Fanatic Puzzles, Challenges & More							
Week 7 Week 8	July 22-26	Wacky Water Week II							
Week 9	August 5-9	Silly Science							
Week 10	<u> </u>	,							
	August 19-23	End of Summer Blast							
	3			SIE		「Deduct \$10 for	r each child after the	first) -	
				_		(		AL DUE	
Campe	r Informati	on Male □ Female □		Paren	ts Informatio	n			
Name_				Name					
Address	S			Home	Phone				
City		State	_Zip	Cell Pł	none				
DOB_		Age	_T-Shirt Size _	Daytin	ne Phone				
Emerg	ency Conta	ct		Email					
☐ Check here if same as parents					Name				
Name				Home	Home Phone				
Home Phone					Cell Phone				
Cell Phone					Daytime Phone				
	e Phone								
		ntion All fees must be		e start of the pro	ogram.				
Visa □				) 🗖 Ca		Online 🗆			
Credit	Card Number	·					Expiration D	ate	
								$/\Box\Box$	
Print na	me as it app	ears on card			Signature				
Δccur	nntion an	d release of liabi	lity PLEAS	SE COMPLETE N	MEDICAL INFORM	MATION ON PA	GE 2/REVERSE OI	F THIS FORM	
The use of ous. The u (collectivel release, an from all lia tionally rele	fitness equipment undersigned, on be y "Injuries") to the id discharge WRC s bility, claims, or re	, participating in fitness programs shalf of the undersigned and the tear Participant arising from or relate Sports and Fitness Limited Partne sponsibility for injuries to Participa Parties from injury arising from a	s, and playing contact undersigned's child ( d to the activities co rship and its agents, ant; (3) grant permis	ct sports such as ice I collectively "Participa inducted and services , employees, staff me ssion for Participant t	nockey, soccer, field hint") hereby: (1) assur s provided at Body Zor embers, officers, direct o participate in activit	ockey, lacrosse, bas me the risk of perso ne Sports and Welln tors, partners, mem ies at Body Zone Sp	sketball, and others are onal injury, property dan less Complex; (2) uncor others (collectively the "Roorts and Wellness Com	inherently danger- nage, or other loss nditionally waive, Released Parties") plex; (4) uncondi-	
and Wellne	ess Complex withou	raph and/or videotape me or my ut compensation to me or my chil one Sports and Wellness Complex	d. I further agree th						
I represent terms.	t that I am over th	e age of 18 or a parent/guardian	of the minor named	above, and agree th	at the grant and relea	se contained therei	n binds me and the min	nor of all of its	

Date



Name\_

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## **2019 SUMMER ADVENTURE CAMP MEDICAL FORM**

Camper Name							
Physician NamePhysician Phone Number							
If yes, please list:							
Please send all medication in a	a clear sealable bag with a label and specific instructions						
Does your child have any alle	rgies? □ Yes □ No						
TYPE EXPLAIN SYMPTOMS AN	D SEVERITY						
☐ Bee Sting							
Does your child have a chroni	c or recurring illness? □ Yes □ No						
PLEASE EXPLAIN IN DETAIL	_						
•	ies we should be aware of, including non-swimmers? ☐ Yes ☐ No						
	PICKUP CONSENT FORM						
I give permission for the following	persons to pick up my child(ren) from camp. (Photo I.D. required)						
Name	Phone						

Phone \_